Memorandum

To: Chair Bynum, Vice-Chairs Power and Noble and Members of the House Committee on Judiciary

From: Marty Carty, Government Affairs Director, Oregon Primary Care Association

Date: April 1, 2021

Re: Support for HB 3229 -1

OPCA is a non-profit organization, with a mission to support Oregon's 34 community health centers, also known as federally qualified health centers, in leading the transformation of primary care to achieve health equity for all. Community health centers deliver integrated medical, dental, and behavioral health services to **466,000—or one in 10—Oregonians**, many of whom otherwise would not be able to see a medical provider. Community health centers are providers within the CCO networks, providing care to some of Oregon's most vulnerable populations, including **one in four Oregon Health Plan members**.

In addition to providing high-quality integrated medical, dental and behavioral health care, community health centers are committed to understanding the circumstances of their patients' lives and addressing those. Continuity of care is a critical component influencing the **Triple Aim** of better health, better care and lower costs. The Oregon Legislature established the Patient-Centered Primary Care Home (PCPCH) Program in 2009 through passage of HB 2009. One of the stated goals of that program was to encourage Oregonians to seek care through recognized Patient-Centered Primary Care Homes. For many Oregonians, community health centers are their primary care home where they receive high-quality patient-centered care. Disconnecting patients from their primary care home only leads to poor health outcomes and increased costs to the health care system.

Health outcomes are dependent on patients' ability to access the tools and resources tailored to their unique health conditions by their provider. When a patient is detained and unable to maintain their care plan because the tools or services are not available, that can create a significant disruption in patients' ability to achieve their best health. For example, in many county detention facilities there is a limited prescription list. This means if someone has an active prescription when they are detained that is not on a pre-set list, the in-house provider will change their prescription to "similar" medication. This can result in negative impacts on people and is not patient-centered. This can be most damaging for people who are detained for 3-12mo.

The justice-involved population is primarily made up of traditionally underserved groups (e.g. low levels of education, racial/ethnic minorities, financially impoverished backgrounds). These individuals also experience psychiatric and physical health conditions at higher rates than the general population. This includes mental health and substance abuse disorders as well as chronic conditions and infectious diseases. For the justice-involved population, access to quality, efficient and coordinated care is vital to achieve health equity.

The needs of the justice-involved population are unique and varied and a piecemeal approach to service delivery is ineffective and only leads to increased cost and fails to produce desired outcomes. HB 3229 -1 is the first step in care coordination for this population. We need an innovative health care approach to meet the needs of this population that is patient-centered and connects their care across all of the systems where justice-involved individuals access care – primary care, behavioral health, and community-based organizations. Community health centers forward to participating in the Criminal Justice Commission's advisory council.

Thank you for the opportunity to share our support for HB 3229 -1.

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